

# ImPACT Exam

[www.impacttestpro.org/military/](http://www.impacttestpro.org/military/)

# Important Points

- Must use a computer with a mouse!
  - Tests taken without a mouse are invalid
- Close all other programs
  - Especially Outlook (new mail window will pop up and distract you)
- Take test in quiet area free from distraction/interruption
- Test takes about 30-40 minutes to complete

https://www.impacttestpro.org/military/

File Edit View Favorites Tools Help

ImPACT Applications - Military :: Baseline Test

ImPACT™ Applications - Military

Ensure you pick the right test!

Please pick a test

- Please pick a test
- Baseline
- Post-Injury 1
- Post-Injury 2
- Post-Injury 3
- Post-Injury 4
- Post-Injury 5
- Post-Injury 6

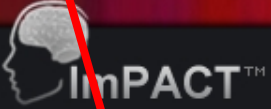
Launch Test

Done

Internet 100%

Start Connect... Inbox - Mi... C:\Docum... Microsoft ... ImPACT ...

Pick the right unit!



### Health History

Unit: USASOC

First Name:  Last Name:

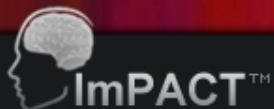
Height:   Weight:  Please enter your weight in pounds (e.g. 170)

Date of Birth:  /  /  (MM/DD/YYYY)

Gender:  Male  Female

Handedness:  Right  Left  Ambidextrous (both right and left)

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## Health History

Years of education completed excluding kindergarten  
(e.g. high school senior = 11, college freshman = 12)

Check any of the following that apply:

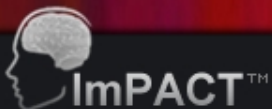
- Received speech therapy
- Attended special education classes
- Repeated one or more years of school
- Diagnosed learning disability
- Diagnosed attention deficit disorder or hyperactivity

While in school, what type of student were/are you?

- Below Average
- Average
- Above Average

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## Health History

Current rank:

Lt. Colonel

Years in Service:

22 (Please approximate if uncertain)

Enter the last four digits of your Social Security Number:

8196

MOS:

62 A

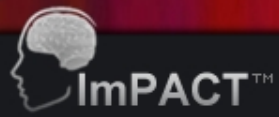
Are you currently deployed?

Yes  No

If yes, how many months?

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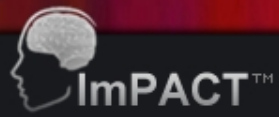


### Health History

Please list your five most recent concussions or head injuries, if applicable. Use approximate dates and mechanism (blast, blunt, or combination of blast and blunt) if necessary.

<input type="text"/>	<input type="text"/>	<input type="text" value="April/2001 - Blunt"/>
<input type="text"/>	<input type="text"/>	
<input type="button" value="Add Date &gt;"/>		
<input type="button" value=" &lt; Remove Date"/>		

Total number of months deployed in combat during your career to date:



### Health History

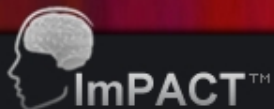
Indicate whether you have experienced the following:

- Yes     No    Treatment for headaches by physician
- Yes     No    Treatment for migraine headaches by physician
- Yes     No    Treatment for epilepsy/seizures
- Yes     No    Treatment for brain surgery
- Yes     No    Treatment for meningitis
- Yes     No    Treatment for substance/alcohol
- Yes     No    Treatment for psychiatric condition (depression/anxiety)

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## Current Symptoms and Conditions

Hours of sleep last night:

(Approximate if uncertain.)

Current Medication(s)

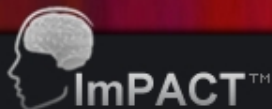
Micardis

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# Symptom Questions

- Only first and last page of symptom questions displayed in this brief.
- Must answer questions before being able to proceed to the next page.



### Current Symptoms and Conditions - Page 1

Please click the box below that indicates the degree to which you have experiencing the following symptoms in the past 24 hours:

#### Headache

Not experiencing this symptom

1  2  3  4  5  6

#### Vomiting

Not experiencing this symptom

1  2  3  4  5  6

#### Nausea

Not experiencing this symptom

1  2  3  4  5  6

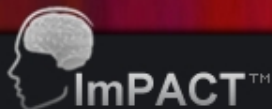
#### Balance problems

Not experiencing this symptom

1  2  3  4  5  6

1 = Very mild (barely noticeable)    6 = very severe (as bad as I have ever experienced)

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### Current Symptoms and Conditions - Page 7

Below is a list of reactions that soldiers sometimes experience following a head injury. Please mark how much you have been bothered by each problem in the **past MONTH**.

**Repeated, disturbing memories, thoughts, or images of a stressful experience from the past**

1  2  3  4  5

**Repeated, disturbing dreams of a stressful experience from the past**

1  2  3  4  5

**Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)**

1  2  3  4  5

**Feeling very upset when something reminded you of a stressful experience from the past**

1  2  3  4  5

1 = Not at all    2 = A little bit    3 = Moderately    4 = Quite a bit    5 = A lot

Next

- Actual test starts after this section
- Read all instructions ***twice*** before starting each module
- Test is of speed and accuracy – NOT an intelligence test.